Post-Traumatic Stress Disorder Plagues Police: Recommendations to Help Hero's Silently Suffering Access Care and Remain Resilient

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Abstract

There is a need for increased access to confidential mental health services in the law enforcement community to abate the impact post-traumatic stress disorder (PTSD) causes the officer, agency, and community. Officers repeatedly expose themselves to traumatic experiences often without an opportunity to formally process the psychophysiological fallout experienced throughout the day as the officer continues policing the community. Depression rates in law enforcement are generally double that of the general United States (U.S.) population. Tragically, death by suicide in the law enforcement community remains double the U.S. rate. Building and expanding access to robust health and wellness agency programs tailored specifically to law enforcement professionals has proven instrumental throughout the lifespan of an officer's career.

In 2019, the U.S. Department of Justice (DOJ) released a report on nationwide law enforcement health and wellness programs. Programs with the highest utilization and success rates followed a confidential, highly accessible, multi-faceted, hire-to-retire model. Key program elements included agency leadership program promotion, and leadership demonstrated and discussed utilization of services through vulnerable shared experiences in department briefings to rank and file employees. Agencies with confidential, discretionary discipline policies, saw high officer utilization rates citing less fear of losing one's job, benefits, and status within their organization. Lastly, agencies with comprehensive retirement services for the officer and family were identified as benchmark programs. Expanding access to this highly effective proactive, intervention, postvention, and the practice of mental health and wellness for law enforcement officers is the standard for twenty first century policing.

Keywords: Post-traumatic stress disorder, reckless and self-destructive behavior, mental health, wellness program, resilience, law enforcement, first responder

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Introduction

Post-traumatic stress disorder (PTSD) depredates the law enforcement community at two to six times the national average. Statistically speaking, police personnel are 7% to 19% more likely to develop PTSD compared to 3.5% of the United States (U.S.) general population (Asmundson & Stapleton, 2008). Hartley et al. (2016) explained depression rates in law enforcement personnel are double the rates of the U.S. general population. Similarly, and yet more tragically, law enforcement personnel are 54% more likely to die by suicide than the general U.S. population. Depression and death by suicide are intrinsically linked to PTSD (Violanti, 2017).

The law enforcement profession is inherently dangerous, stressful, and its personnel face the possibility of death on a consistent basis (Soomro & Yanos, 2018). Officers repeatedly expose themselves to traumatic experiences often without an opportunity to formally process the psychophysiological fallout experienced throughout the day as the officer continues policing the community. Preserving and safeguarding the health of those who calm the chaos in our society is paramount. The evidence is clear; law enforcement professionals struggle to access quality mental health services necessary to remain mentally resilient (Spence et al., 2019).

Organizational, situational, and personal barriers contribute to an officer's inability to access quality health and wellness services. Drew & Martin (2021) found over 90% of officers believe negatively associated stigmas influence their decision to not seek mental health services. Specifically, officers cite perception of themselves such as, "I am weak", fear of judgement from their peers, such as, "I am a liability", and the concern for public perception similar to, "I cannot be trusted", as primary factors preventing obtaining professional assistance.

However, programs with privacy and confidentiality safeguards significantly increased the likelihood officers would seek out mental health services based on an evaluation of randomly selected nationwide law enforcement wellness programs (Spence et al., 2019). Therefore, health and wellness services provided within the organization is one method to address this significant problem. Conversely, leveraging community partners to provide mental health services and psychoeducation for law enforcement professionals provides autonomy traditional agency programs may lack (Kuehl et al., 2014).

Statement of the Problem

Thoen et al., (2019) conducted a nationwide study of 55 law enforcement agencies with health and wellness programs to determine their overall effectiveness. The study revealed Employee Assistance Programs (EAP) were the most commonly employed method to address officer resiliency matters; however, the evaluation largely found the EAP programs unreliable and fragmented. The Office of Personnel Management (OPM), defines EAP's as confidential, short-term work-based programs offering counseling and outside referrals to employees experiencing personal and/or work-related issues (Federal Employee Assistance Programs, 2022). The results underscore the urgency for access to quality holistic multi-tiered health and wellness programs flexible in design to address individual officer and collective agency needs.

On average, newly hired law enforcement officers receive a brief overview of suicide awareness, prevention, and mental health and wellness training while attending their agencies basic training academy. However, in contrast, most law enforcement agencies fail to provide periodic, in-service resiliency programs and/or education. Agencies who provide some form of wellness training but do not have a formal wellness program are not consistent so their programs fail to address the needs of their agency personnel (Spence et al., 2019). This theme of infrequent

and poor training supports the research of Thoen et al. (2019) regarding law enforcement agencies only offering EAP's.

Agencies nationwide face fiscal challenges operating and safely policing their communities. Resources for health and wellness programs simply do not exist for six out of ten law enforcement agencies in the nation. Furthermore, agencies experiencing recent budget cuts are likely to offer limited mental health and/or fitness services in various capacities not easily accessible or sought out by agency personnel. Large municipalities were found to offer more robust health and wellness services despite budget cuts through innovative community and academic initiatives and partnerships. However, medium to small and rural agencies did not typically operate officer health and wellness programs (Taylor et al., 2021).

Smith et al., (2021) stressed the importance of continuous mental health and wellness training, education, and activities throughout the entirety of a law enforcement officers' career into retirement. Furthermore, programs proactively positioned to provide prevention services remove the onus and often times inherent stigmas from the agency employee from seeking health and wellness services. Agencies with staffed or contracted mental health and wellness professionals who reach out to department personnel versus relying on law enforcement officers seeking services on their own, generally see an increase in utilization of services rates.

Purpose of the Study

The purpose of this study is to highlight sustainable agency-operated and community based mental health and wellness programs for law enforcement personnel focused on education, treatment, and normalizing PTSD intrinsically linked to policing. A heavy emphasis will be placed on nationwide studies of law enforcement agencies, small to large, with best-practice health and

wellness programs. An evaluation and specific description of the top ranked health and wellness programs including the various services provided will be explored in depth. The culmination of the study will include a flexible blueprint agency personnel may use and/or build upon when considering the design, resources, and implementation strategy required for a successful tailored health and wellness program for their organization.

Significance or Implications of the Study

This research paper will argue there are a limited number of law enforcement agencies nationwide with health and wellness programs for sworn officers, non-officer department personnel, and their families to address PTSD and a myriad of other related health matters. The depth and breadth of each program varies by geographical location, agency size, wellness focus, program components, and whether programs are agency operated or community based (Smith et al., 2021).

Emphasizing best practices from agencies small to large will aid policy makers in implementing needed change to bring relief to law enforcement agencies, personnel, and their families afflicted by PTSD. Extrapolating program designs, accessibility models, wellness elements, integrated family components, and a multitude of other holistic health focused components from a U.S. Department of Justice (DOJ) study authored by Copple et al. (2019), on 11 nationwide law enforcement agencies small to large will complete a best practice picture replicable per agency needs.

Extensive Review of the Literature of the Research Problem

Estimated Percentage of Law Enforcement Impacted by Post-Traumatic Stress Disorder

According to the National Alliance on Mental Illness (NAMI), a foremost recognized leader in mental health wellness and education, approximately 35% of police officers suffer from PTSD (Weaver, 2021). The U.S. Bureau of Labor Statistics (BLS) estimated there were approximately 800,000 law enforcement jobs in the U.S. in 2020 (BLS, 2022). Therefore, 280,000 law enforcement professionals policed our communities and continuously exposed themselves to repeated traumatic events while suffering from PTSD.

Complex PTSD (C-PTSD) shares diagnostic similarities with PTSD with the addition of disruptions in self-organization, negative self-concept, and interpersonal conflicts. The diagnostic criteria for C-PTSD and PTSD are defined in this research. Prolonged and repetitive exposure to traumatic events, a regular occurrence in the daily life of law enforcement professionals, is known as a significant contributing risk factor to C-PTSD (Steele et al., 2021).

In 2018, researchers from the University of Cambridge initiated its country's largest police force-wide health and wellness investigation into the prevalence of PTSD and C-PTSD to understand how best to combat the high rates of suicide, depression, and related clinical disorders. Nearly one in five officers had symptoms consistent with either PTSD or C-PTSD, yet shockingly, over two thirds were not aware of their psychophysiological state. Furthermore, the researchers found nearly 90% of the approximately 70,000 officers studied experienced at least one traumatic event during their policing career (Brewin et al., 2020).

Post-Traumatic Stress Disorder Diagnosis Criteria

The following diagnostic clinical information required for the diagnosis of PTSD is derived from the Diagnostic and Statistical Manual for Mental Disorders Fifth Edition (DSM-5). Exposure to actual death, witnessing death, serious injury, sexual violence, or exposure to any of the aforementioned situations; by directly experiencing the event as it occurred, witnessing the event as it occurred, learning of a traumatic event that impacted a loved one or close relative, or repeated exposure to extreme traumatic events typical to first responders such as collecting human remains and police officers exposed to crimes against children, etc. The presence of intrusive symptoms such as recurrent, distressing, and involuntary memories of the event. Intrusive recurrent dreams wherein the substance of the dreams is associated to the traumatic event. Dissociative responses as if the individual believes or feels the traumatic event is reoccurring. Intense and prolonged psychological distress when exposure to internal or external cues resemble a characteristic of the traumatic event. Persistent avoidance of people, places, activates, or situations that generate distressing feelings, memories or thoughts closely associated with the traumatic event. Negative changes in cognitions in mood associated to the traumatic event starting at or worsening after the event occurred. Difficulty remembering important aspect(s) of the event usually associated with dissociative amnesia and not alcohol or drugs. Negative alterations in cognition and negative beliefs about one's self such as, "I'm not safe", and their environment with the perception that the, "world is not safe". There are also a continuous negative emotional state including guilt, horror, fear, anger, or shame. Marked shifts in reactivity and arousal including outbursts of anger, irritability, hypervigilance, sleep disturbances, and problems with concentration are clinical indicators of PTSD. Lastly, these disturbances must cause a significant disruption to an individual's activities of daily living (ADL) including their occupation or other area of function.

The impact to ADL's must not be impacted by substance abuse including alcohol or drugs. (American Psychiatric Association 2013, p. 271-272).

Reckless and Self-Destructive Behaviors Linked to Post-Traumatic Stress Disorder

There are numerous parallels between the law enforcement community (local, state, and federal agencies) and the U.S. military. Reynolds (2014) identified compelling similarities such as discipline, teamwork, rank and file hierarchy, and public service-oriented missions. The interoperability of the law enforcement community and the U.S. military has significantly increased since the terrorist attacks on September, 11, 2001. On January 6, 2021, a large crowd descended upon our nation's capital in Washington, D.C. Members of the U.S. National Guard were dispatched from nearby military installations to bolster the U.S. Capitol police and responding civilian law enforcement personnel. The brave military men and women along with uniformed law enforcement personnel valiantly worked together to save lives, restore order, and quail the riot. There is no better example in recent history of law enforcement professionals and the U.S. military working seamlessly to achieve a homeland security objective (Garamone, 2021).

Law enforcement officers are susceptible to maladaptive coping behaviors, just as members of the U.S. military, as the result of symptoms associated with or a diagnosis of PTSD known as reckless and self-destructive behaviors (RSDB). There is a direct correlation between PTSD and RSDB among military personnel in general, military personnel exposed to traumatic event(s), and veterans. In fact, the prevalence of RSDB's within the military and veteran population is so high (nearly 47% of active duty service members report binge drinking) the likelihood of experiencing a traumatic event, such as a vehicle accident, as the result of engaging in RSDB or prolonging or exacerbating the symptoms of PTSD due to RSDB are even greater. Alcohol abuse, illicit drug use, excessive gambling, driving while intoxicated, and self-harm are

forms of RSDB commonly associated with veterans diagnosed with PTSD (Lusk et al., 2017). Law enforcement personnel, as previously stated, are vulnerable to the same risks based on the inherent similarities shared among the professions.

RSDB has recently been added to the DSM-5 and the addition has renewed interests between trauma related psychopathology and these behaviors. A study of 148 veterans diagnosed with PTSD was conducted to determine the prevalence of RSDB. Of the sample, 74% reported engaging in at least one RSDB while 61% reported engaging in multiple forms of RSDB's. Alcohol and drug use were the highest rated behaviors at 42%, driving while intoxicated at 29%, excessive gambling was reported at 24%, and aggression at 23% (Lusk et al., 2017). Although the research and outcomes include military personnel, the data is relevant to the law enforcement community and should be considered as yet another reason for increased access to quality mental health and wellness programs.

As previously discussed, RSDB typically exacerbate PTSD symptoms and have been linked to new traumatic events or exposures. In fact, 82% of the participants reported at least one new traumatic event since their PTSD diagnosis while engaged in RSDB. The most common event was the death of a loved one or friend (36%), a physical assault or threatened with a physical assault (24%), being involved in a vehicle accident (22%), disabling or life-threatening event involving a loved one (20%), a threatening illness (19%), and witnessing a severe accident (8%) (Lusk et al., 2017).

Dr. Kevin Gilmartin served as a clinical psychologist and deputy sheriff with the Pima County Sheriff's Office, Pima, AZ, for 21 years. Dr. Gilmartin developed the hypervigilance rollercoaster model which includes seven distinct behavior patterns law enforcement officers may exhibit after prolonged repeated exposure to daily trauma. Dr. Gilmartin's observations are

critically important in understanding the driving factor behind why law enforcement professionals are often diagnosed with PTSD and engage in RSDB.

Dr. Gilmartin asserts officers experience a unique hypervigilance rollercoaster wherein repeated daily exposure to trauma becomes the norm and the unpredictable chaotic home environment is no longer safe or comfortable. Therefore, a shift occurs and officers begin to experience seven unique symptoms; the desire for social isolation at home, reduced interaction with non-police friends, procrastination with decision making not related to work, unwillingness to engage in activities or conversations not related to police work, non-involvement in children's activities and needs, infidelity, and the loss of interest in recreational activities or hobbies (Gilmartin & Artwhol, 2021).

The unfortunate outcome of PTSD, RSDB, and Dr. Gilmartin's hypervigilance rollercoaster model, if not immediately addressed, includes possible incarceration for law violations, costly fines, loss of one's job, and an increase burden on the medical system. This underscores the importance of intervention programs and strategies designed to address both symptoms of PTSD and behaviors leading to RSDB (Lusk, et al, 2017).

Stigmas Associated with Help Seeking Behaviors in Law Enforcement

The World Health Organization (WHO) defines stigma as disapproval, disgrace, or a mark of shame resulting in discrimination or rejection. The WHO has concluded stigma in general is the single most contributing factor or barrier impeding individuals from pursuing mental health services or support. In a national study of nearly 8,000 law enforcement officers, 90% of the officers surveyed believed stigma negatively influence help seeking behaviors (Drew & Martin, 2021). Officers cite perception of themselves believing, "I am weak", fear of judgment from their

peers like, “I am a liability”, and concern for public perception similar to “I cannot be trusted”, as primary factors preventing professional assistance. However, programs with privacy and confidentiality safeguards significantly increased the likelihood officers would seek out mental health services (Spence et al., 2019).

Self-stigma is incredibly difficult as it rests internally with the impacted officer and as noted earlier in this research, not all officers are aware they are experiencing symptoms of PTSD requiring mental health and wellness support. Bullock & Garland (2017) argue self-stigma is particularly dangerous psychologically because officers devalue themselves, lose self-efficacy, experience diminished self-esteem, have the propensity to respond defensively to peers when questioned, and believe the label of mentally ill is viewed negatively by others. Structural stigma includes agency culture and system level process regarding mental health and wellness.

Generally speaking, structural stigma encompasses both peer and public perceptions often preventing officers from seeking out health and wellness services (Hofer & Savell, 2021). Law enforcement officers often report feeling stigmatized for seeking mental health services by both their peers and law enforcement agency. Fear, embarrassment, shame, and the perceived impact of seeking help will have influence on officers’ career decisions whether or not to reach out for help. Officers worry their agency will view them as a liability, which could lead to reassignment, reductions on departmental evaluations, and feeling ostracized or treated as if they are broken and unreliable. Structural stigmas lead to anxiety, depression, and organizational mistrust (Wheeler et al., 2018). Proactive psychoeducation programs focused on reducing individual and structural (organizational) stigmas is a critical component to ensuring law enforcement officers have access to quality mental health and wellness care.

Result Outcomes with Intervention

The goal of prevention through increased access to quality mental health care is the prevailing message throughout this research. However, as previously discussed, officers face a litany of barriers and stigmas leading to delayed treatment. Although, when law enforcement professionals seek health and wellness services, promising recover modalities endorsed by the mental health community and empirically supported, limit personal and job impacts resulting in symptom relief and quicker return to work rates (RTW).

Torchalla & Strehlau (2017) conducted a comprehensive study examining a range of work disciplines including police officers, disaster relief works, and individuals with industrial related injuries to determine whether the effectiveness of Trauma-Focused Cognitive Behavioral Therapies (TF-CBT) and Eye Movement Desensitization and Reprocessing (EMDR) psychotherapy interventions were successful in PTSD symptom reduction and RTW rates. Clients enrolled in TF-CBT and EMDR treatment generally saw quicker RTW rates across tailored timelines between 58% to 80% of the time. However, the study noted participants who received Treatment as Usual (TAU) through their primary care providers, described as educational pamphlets, PTSD brochures, referrals to Ph.D. level practitioners, consulting psychiatric care, and specialized return to work coordination also had higher RTW rates than individuals who received no treatment. Torchalla & Strehlau (2017) concluded TF-CBT and EMDR are the gold standard in care for police officers diagnosed with PTSD.

A study conducted between 1995 and 2011, involving police officers at a University Medical Center in Amsterdam utilizing eclectic psychotherapy, described as a protocol of five specifically targeted cognitive behavioral therapies for police officers diagnosed with PTSD, revealed tremendously positive results for enrolled participants. Imaginary guidance, writing

assignments, domain of meaning, psychoeducation, and a farewell ritual were utilized to treat police officers diagnosed with PTSD after experiencing at least one traumatic event. Upon successful completion of the treatment protocol, 86% of the treatment participants RTW within three months of enrollment versus 60% of police officers placed on a wait list awaiting treatment (Smid et al., 2018). The implications of the two studies discussed shed a positive light for law enforcement agencies and policy makers deciding whether resources for health and wellness programs will positively impact their personnel, department, and community.

Result Outcomes without Intervention

Papazoglou & Tuttle (2018) stress the importance of early mental health education prevention, intervention, and postvention for law enforcement officers throughout the entirety of their career. Officers experience approximately 900 traumatic events over the course of their policing career, including death, violent crimes, shootings, suicides, and vehicle accidents among many other stress inducing incidents. Law enforcement professionals who do not seek assistance often turn to maladaptive coping such as alcohol and avoidance to alleviate symptoms of extreme stress or undiagnosed PTSD. Unfortunately, a vicious cycle ensues including traumatic emotions, memories, and thoughts including deterioration of physical health.

Reckless and self-destructive behaviors are frequent avoidance behaviors associated with individuals diagnosed with PTSD and often provide an escape from trauma reminders. Driving while intoxicated, alcohol abuse, self-harm, excessive gambling, and illicit drug use are all examples of RSDB's. Impulsive engagement of RSDB's are often associated with emotional dysregulation which increases an individual's positive affect and reduces their negative affect (Contractor et al., 2020). The negative impact on the law enforcement professional, agency, and community without an effective and efficient wellness program is clear. The likelihood of

engaging in RSDB's significantly increases without intervention emphasizing the need for access to quality programs.

Research Definitions

Organizational, situational, and personal stress factors impact law enforcement officers, agencies, and communities in various ways. Understanding the categorical differences is paramount for considering potential causes of PTSD and RSDB among law enforcement personnel, building a mental health and wellness program tailored to an agency's structure, and mitigating any potential impact to the community.

Organizational stressors impact law enforcement officer's mental health and wellbeing across a spectrum. Social life within the organization such as workload, promotions, bureaucracies, perception of work and dedication to duty being unappreciated by management, and staffing shortages all contribute to a feeling of mistrust and drive increased levels of negative stress (Ricciardelli, 2018). Queirós et al. (2020) also concluded that work overload, colleague and supervisory conflicts, lack of resources, and excessive administrative tasks contribute to a negative organizational environment driving chronic stress ultimately impacting law enforcement officers physical and mental health.

Situational stress is an everyday occurrence in the life of law enforcement officers. Officer involved shootings emanating from rather mundane calls such as burglaries and disturbances are explosively violent short-term critical incidents with significant psychological impacts once the situation has been stabilized (Petersson, 2017). Guarding against situational stress, or in another term, vigilance fatigue, is vitally important for the officer, agency, and community. Vigilance fatigue impacts an officer on a psychophysiological level and decreased their ability to swiftly

respond to dynamically evolving threats and make sound threat mitigating decisions. Situational stress is a consistent factor in a law enforcement officers mental health and wellbeing (Krause, 2012).

Personal stress includes a high likelihood of law enforcement officers managing symptoms or a diagnosis of PTSD on and off-duty. However, additional personal factors must be considered and often compound organizational and situational stress. For example, a study conducted by Violanti et al. (2017) report nearly 40% of all law enforcement professionals in the U.S. reported taking out negative stress on family members and loved ones. Shift work considerably increased levels of work-family conflict leading to marital and relationship difficulties resulting in higher suicide ideation and subjective health complaints. Stressing the importance of access to health and wellness programs throughout the life cannot be over emphasized which is evident in the life span developmental theory.

Theoretical Framework

Cognitive Theory in Relation to Police Work

Cognitive theory research is rather new in police work as it relates to the critical and often explosive and violent police-citizen use of force encounters. Police-citizen encounters are dynamic, unpredictable, and often complex which require effective law enforcement performance to preserve public trust. Factors most often considered during violent police-citizen encounters are those which led to the encounter itself, including the emotional, physical, and mental capacities of those involved. A police officers cognitive state of readiness prior to engaging with the community is often overlooked or dismissed when responding to highly complex tasks, and/or recognizing and correctly responding to acts of violence (Preddy et al., 2019).

Gutshall et al. (2017) highlighted the known impacts to cognitive functioning caused by organizational, situational, and personal stress factors. A decline in impulse control, errors in judgement, and poor decision-making during times of intense police-citizen encounters can occur whether due to acute exposure or long-term daily demands. On 6 September 2018, Officer Amber Guyger, Dallas Police Department, Dallas, TX shot and killed Botham Jean while mistakenly entering Jean's fourth floor apartment, confusing Jean's apartment for Guyger's third floor apartment after completing a lengthy shift.

Officer Guyger testified during trial she believed her apartment door was slightly ajar, and an unknown individual later identified to be Jean was inside, began walking towards Guyger yelling "hey, hey, hey" upon which Officer Guyger mistook for a threat who did not respond to Officer Guyger's verbal commands to "show me your hands" and "stop." Officer Guyger fired two shots killing Jean. Officer Guyger testified in court, exhaustion and fatigue from work significantly impacted her cognition resulting in several missed visual-spatial cues differentiating Officer Guyger's third floor apartment environment from Jean's fourth floor apartment surroundings.

Officer Guyger parked her vehicle on the fourth-floor parking deck of the apartment complex rather than the third-floor parking deck adjacent to her apartment which was outside of Officer Guyger's normal routine. Officer Guyger's asserted her reduced cognitive state also resulted in overlooking Jean's bright red welcome mat located at the base of his apartment's front door; Officer Guyger does not have a bright red mat located at the base of her apartment's front door (State of Texas V. Guyger, 2018). Clinical research supports diminished cognitive functioning when an individual experiences fatigue.

Furthermore, Bisson Desrochers et al. (2021) noted a significant clinical difference in neurophysiological cognitive functioning in police officers diagnosed with PTSD compared to police officers without a PTSD diagnosis. Police officers diagnosed with PTSD demonstrated decreased cognitive performance across numerous domains including verbal learning and memory, attention, information processing speed, executive functioning skills, and vocabulary recall as compared to the control group. The implications are significant and further underscore the importance of unabated access to mental health and wellness care for law enforcement professionals.

Schultz et al. (2018) utilized neuroimaging, neuroscience, and neuropsychological literature researched and assessments in determining the impact of cognitive impairment based on a diagnosis of PTSD, traumatic brain injury (TBI, which are often associated with officer related vehicle accidents), pain, and fatigue. The authors found 61% of patients with TBI's suffer from depression and 46% from fatigue. Approximately 50% of individuals with PTSD also present with depression. Scientifically speaking, chronic PTSD creates hyperactivity in the amygdala (located in the cerebral hemisphere and responsible for fear detection and appropriate fear response), among other cognitive impacts, and impacts fear-based responses to environmental stimuli.

The authors suggest untreated chronic stress and PTSD caused neuronal atrophy of the amygdala and hippocampus (responsible for learning and memory). However, evidence does suggest medical intervention, psychotherapy, pharmacology and other related modalities formulate neuroplasticity in previously impacted individuals. Scientific evidence underscores the importance of law enforcement mental health and wellness programs such as the New Jersey Resiliency Program for Law Enforcement.

Program Evaluation: Current Examples of Law Enforcement Mental Health and Wellness Programs

New Jersey Resiliency Program for Law Enforcement

In 2019, the New Jersey Resiliency Program for Law Enforcement (NJRP-LE) was enacted as the first national state-wide, non-attributional institutional trust program, focused on psychoeducation, and providing confidential mental health services within law enforcement agencies in New Jersey. The NJRP-LE mental health and wellness program is state driven; therefore, all municipalities, sheriff departments, and state law enforcement agencies must comply with the provisions set forth by the directive. The mandate ensures fiscal safeguards for program components directed to support officer health and wellbeing, which if remained unaddressed, may lead to burnout, depression, and ultimately death by suicide (Grewal, 2019).

Confidentiality is the cornerstone of the NJRP-LE. Officers are encouraged to first contact their agencies resiliency program officer (RPO); however, a benefit of the program allows officers to contact any RPO from any law enforcement agency within the state for assistance. The enhanced interoperability provides increased autonomy for officers employed in smaller departments or personnel seeking autonomy outside of their agency for other reasons.

The following elements comprise the New Jersey Resiliency Program for Law Enforcement mental health and wellness program:

- Psychoeducation - Teaches officers about common reactions to trauma exposure, PTSD, breathing skills, and a host of stress reduction techniques (Watkins et al., 2018). Psychoeducation has been highly effective in veterans diagnosed with PTSD understand the “why” behind their physiological response to various external

stimuli and building skills to mitigate and reduce associated symptoms (Cameron, 2018).

- Cop2Cop - In 1998, the New Jersey Department of Personnel, established Public Law 1998, c. 149, mandating a statewide law enforcement officer crisis intervention hotline operated 24 hours per day, seven days a week. The program, widely known as Cop2Cop, is operated entirely by retired law enforcement officers and retired law enforcement mental health clinicians providing confidential emergency suicide prevention and mental health and wellness support (Wynecler, 2017).
- Employee Assistance Program - Employee Assistance Programs (EAP), another component of the NJRP-LE, are considered minimal services provided by private health insurance agencies to employees not necessarily specific to law enforcement and may include minimal mental health services (Ramchand et al., 2018). Employee assistance programs are by design systematic measures provided by an employer to prevent and solve employee mental health, physical ailments, work stress, and family issues (Hsu et al., 2019).
- Police Chaplain Program - Police Chaplain Program (PCP) is an integral part of the NJRP-LE and many law enforcement agencies nationwide. Chaplains provide a range of spiritual, counseling, moral injury, death notification, and related support and intervention services to officers and agency personnel. Whether dual hatted as an officer-chaplain, integrated within the agency, or partnered with law enforcement organizations in the communities they serve, chaplains foster officer,

family, and agency wellbeing as a force multiplier complementing existing departmental holistic health programs (Braswell et al., 2016).

San Antonio Police Department Performance and Recovery Optimization Program

The San Antonio Police Department (SAPD), San Antonio, TX, Performance and Recovery Optimization (PRO) mental health and wellness program was identified in a 2019 evaluation by the U.S. Department of Justice (DOJ) as a premier holistic wellness model in the national law enforcement community with a history of wellness services dating back to 1980. The SAPD-PRO leverages partnerships with local universities, the U.S. Department of Veteran Affairs (VA), the U.S. Air Force (USAF), and the International Association of Chiefs of Police (IACP) to provide confidential mental health and wellness support to officers, department personnel, and family members throughout the entirety of an employee's career (Copple et al., 2019).

The goal of the PRO program is to enhance officer performance on the job, enhance officer wellness at home, make policy that is based on scientific research and not politics, while creating a culture based on performance enhancement including PTSD prevention, suicide prevention, and mental health wellness, and prevent or mitigate officer burnout. The PRO concept is about the empirical data and causation behind stress and how the nervous system interacts with positive and negative stress in the environment resulting in the production of stress hormones potentially leading to injuries. Officers feel empowered to employ tactical and strategic stress reduction techniques when educated about their bodies stress response system when facing dynamic short-term explosive life and death risks or long-term simmering stressors equally detrimental to mental health and wellbeing (Bryan & Morrow, 2011).

The following key elements encompass the SAPD Recovery Optimization branches supporting officer, department, and family member health and wellness:

- Peer Support Program – Increases buy-in based on shared experiences to increase officer comfort when working through organizational, situational, and/or personal stressors if and when personal and professional support intervention is needed (Anderson et al., 2020). Peers as Law Enforcement Support (PALS) is an innovative program with a simple mission to provide personal and professional assistance in times of crisis in a peer-to-peer model through structured previously trained seasoned officers within an agency (Van Hasselt et al., 2019).
- Family Assistance Program – Aids and supports to families of officers who have died in the line of duty or sustained a serious wound, illness, or injury. The program offers support to family members of retired officers who have passed. Funeral services, financial aid, and bereavement counseling for family members are also key elements of the program (Copple et al., 2019).
- Mental Health Unit (MHU) – Confidentiality is key. Teams of two officers deploy in plain clothes in unmarked vehicles to support officers during a crisis working as a team to develop a course of action. In extreme circumstances, emergency forced detention may be necessary for safety. The MHU is staffed by fellow officers who can relate to the peers they are supporting (Copple et al., 2019).
- In-house Psychological Services – SAPD employees' clinical psychologist who provide counseling services to cadets, officers, department personnel, and family members at no-cost and sessions are unlimited for officers. The location is separate from SAPD headquarters in a non-descript facility increasing confidentiality for

clients utilizing services. In addition to officer involved shooting support, PTSD treatment, anxiety and depression management, the unit provides critical support to officers transitioning into and through retirement. Retirement is seen as on overlooked yet highly stressful period in an officer and family's life eased by education, counseling, and continued support (Copple et al., 2019).

Los Angeles County Sheriff's Department Psychological Services Bureau

The Los Angeles County Sheriff's Department is the fourth largest policing force in the U.S. and the largest sheriff's office in the country (About Us, 2022). The Psychological Services Bureau (PSB), recognized by the American Board of Professional Psychology (ABPP) for employing twenty-one police and public safety psychologists, despite the specialty making up only one percent of the broader psychology field, is a leader in the field of police wellness programs.

The PSB houses on-site and numerous remote offices throughout the greater Los Angeles County for agency personnel seeking access to care with a higher degree of confidentiality (Copple et al., 2019). Anonymity and confidentiality are of paramount of concern for law enforcement officers seeking care. Richards et al., (2021) reported officers are more comfortable using mental health services when their privacy is maintained whether services are off-site agency offered or community-based programs.

The following key components comprise the PSB branches supporting officer, department, and family member health and wellness:

- On-Site Confidential Psychological Services – Provides a comprehensive suite of mental health care for agency personnel and their family members through a network of highly qualified providers including law enforcement psychology

specialist. Staff is trained in Eye Movement Desensitization and Reprocessing (EMDR) and other clinical therapies to treat PTSD symptoms to promote healthy living and prevent RSDB (Copple et al., 2019).

- Peer Support & Addiction Recovery Services – Psychological Services Bureau trained agency peers supporting fellow department members working through hardships with evidence-based wellness, addiction recovery, and problem-solving resources. These peer-to-peer interactions are confidential excluding imminent danger of harm to self or others, suicidal ideation, and/or significant violations of the law (Copple et al., 2019).
- Unit Chaplain Program – Provides spiritual needs for agency personnel and family members promoting emotional well-being in a highly confidential setting (Copple et al., 2019).
- Organizational Consultation Program – The Psychological Services Bureau guided training and consultations are delivered on-site for first level supervisors and command staff to develop skills necessary for work stress and burnout identification and mitigation (Copple et al., 2019).

U.S. Military OneSource and Military Family Life Counselor Program

The U.S. Department of Defense (DoD) provides two short-term, solution focused non-medical counseling programs for members of the U.S. military and their families; the Military OneSource and Military Family Life Counselor Program (MFLC). Collectively, these programs are considered non-medical counseling services, meaning the primary focus is the identification, isolation, reduction, and resolution of organizational, situational, and personal stress unique to military service.

Military service members and families confront life stressors such as frequent separation due to deployments, training, and assignments. Service members and their families face frequent moves, integration into new communities and education systems, and increased strain from addition home responsibilities, parenting duties, and family financial management while the service member is deployed. Relationship strain alone is substantial yet many military members and families seek non-traditional confidential sources of treatment to cope and maintain resiliency (Cronk, 2017). The Military OneSource and MFLC programs offer the confidentiality services members and families desire away from tradition military medical facilities.

The Military OneSource program is similar to traditional employee assistance programs (EAP) in the scope of services provided; however, the aim is to increase flexibility and autonomy to decrease perceived stigmas and barriers associated with seeking care with the end goal of reducing RSDB and death by suicide. The Military Family Life Counselor (MFLC) program follows an imbedded model wherein counselors are assigned to military units for seamless integration into daily operations and provide services to the military and family member either on-site or at off-site locations (Trail, et al., 2018).

U.S. Military installations provide a host of congressionally mandated, fiscally funded health and wellness services in addition to the confidential Military OneSource and MFLC programs. The following services are provided at most U.S. installations and overseas military installations which compare to traditional law enforcement health and wellness services:

- Alcohol & Drug Abuse Treatment Program – Provides preventative education, substance related assessment, clinical treatment, and referral services to inpatient and intensive outpatient programs, when necessary, to return the member to duty or facilitate a successful transition to civilian life (Dienst, 2019).

- Unit Chaplain Program – Religious professionals providing those of faith and those of no faith with religious ministry and spiritual resiliency support for military members, family, and dependents worldwide in highly confidential, accessible, and non-attributional settings (Providing Spiritual Care, 2022).

Exceptional Family Member Program – Works with civilian and military to provide coordinated and comprehensive community housing, education, special medical support and assistance to military families worldwide (Cronk, 2020).

The comprehensive multipronged law enforcement mental health and wellness programs previously described offer numerous flexible budget conscious options for agencies of various sizes to provide lifesaving services to employees. Extrapolating and compiling the most prominent and successful elements provide a recommendation for agencies to consider when building a wellness program.

Recommendations

Ideal Components for Law Enforcement Mental Health and Wellness Programs

Agency Operated

The following recommendations for an ideal law enforcement mental health and wellness program, adaptable to small, medium, and large agencies, with components ranging in priority to meet a range of fiscal constraints, have been compiled based on literature review, theoretical framework, and best practices from the New Jersey Resiliency Program for Law Enforcement (NJRP-LE) program, the San Antonio Police Department-Performance and Recovery Optimization (PRO) program, the Los Angeles County Sheriff's Department-Psychological Services Bureau (PSB), and the DoD-Military OneSource and Military Family Life Counselor

(MFLC) programs. The selected components focus on the primary goal of providing increased access to confidential mental health services for law enforcement personnel to abate the impact PTSD.

The American Psychological Association defines resilience as "the process of adapting well in the face of adversity, trauma, tragedy, threats, or significant sources of stress - such as family and relationship problems, serious health problems, or workplace and financial stressors" (Palmiter et al., 2020, paragraph 4). Resilience strengthening initiatives delivered as a psychoeducational service during initial recruitment and academy training, at set intervals throughout an officer's career, during and immediately after critical incidents, and during the retirement process support mental health recovery during periods of adversity and potentially traumatic events. Psychoeducation services such as psychological, social, biological, and environmental characteristics delivered by trained providers or psychologist prepare officers working in potentially distressing environments to manage daily workplace demands as well as serious injury or loss of life (Crane et al., 2021).

Peer support programs have a long history in the law enforcement community whether informal in nature or structured through departmental programs. Peer support is often imbedded in the culture of law enforcement through shared values, beliefs, and experiences among fellow officers. Informal social gatherings off-duty are common and enable coworkers to confidentially discuss mental health and wellness matters (Milliard, 2020). Peer support intervention has positively shown increased peer communication regarding mental health support, increase in self-efficacy, allows non-confrontational assessment of intent to harm self or others, and encourages treatment seeking in law enforcement professionals (Horan et al., 2021).

However, there is a growing need for formal structured agency peer support programs. Rutgers University Behavioral Health Care (RUBHC) in Piscataway, New Jersey, manages a large call center operating 24 hours per day, seven days a week, servicing 14 peer-to-peer support programs including Cop2Cop, Mom2Mom, Vet2Vet, among many others. The RUBHC peer-to-peer program success includes the four key elements: connection, risk assessment, case management, and resilience (Silver Award, 2018). Most interactions take place by phone; however, in some cases, trained professionals will meet with clients in-person. Individuals who utilize peer-to-peer support services are more likely to return for support if faced with a potentially traumatic event in the future.

Addiction recovery services are highly sensitive and in-demand services for law enforcement professionals. As previously highlighted in this research, RSDB is often a by-product or maladaptive coping behavior linked PTSD as law enforcement professionals repeatedly exposed themselves to traumatic experiences daily without opportunities to decompress through professional means (Lusk et al., 2017). Schweitzer-Dixon (2021) explained increased exposure to traumatic events in policing leading to a diagnosis of PTSD drive nearly 50% of law enforcement personnel to drink alcohol in excess. Tragically, when excess alcohol use or increased alcohol use become an issue, the risk for homicide-suicide increases. Furthermore, 90% of the death by suicide cases involve the officer's duty weapon. Self and structural stigmas are ever present barriers for law enforcement officers to overcome when seeking help, especially involving substance abuse treatment.

However, LEADER is a program designed specifically for first responders filling a much-needed void in critical care with added confidentiality to reduce the perception of publicly associated stigma attached to police officer and first responder substance abuse clients. LEADER

or Law Enforcement, Active Duty, Emergency Responder; is a substance abuse program designed specifically for men and women in uniform. Treatment is tailored to the unique mission of the first responder community providing autonomy and highly confidential quality care. Law enforcement professionals can leverage their peer-to-peer program to secure medical or special leave of absence to attend in-residence programs covered by employee assistance programs and private insurance (Specialized Mental Health Services, 2022).

Family assistance programs are vital to a healthy law enforcement agency. Initial recruitment and academy training ceremonies, organizational, situational, and personal job-related challenges, and retirement planning are just a few key career tasks family assistance programs support. Families and loved ones of law enforcement personnel endure the daily fear that their loved one may be injured or killed. Combined with rotating schedules, frequently missed holidays, birthdays, school activities, special occasions, and a litany of other impacts unique to the law enforcement profession, families often feel alone with few community members with whom can relate (Family Support Group, 2019).

According to Dr. Ellen Kirschman, Police Psychologist, and contributor to IACP (2022), law enforcement family's relationships are more resilient and stronger when they feel supported by their loved one's law enforcement agency and are more knowledgeable about police work. Dr. Kirschman suggests annual or bi-annual workshops hosted by veteran police spouses, volunteer peer supporters, agency chaplains, and a culturally competent police clinician. An IACP Executive Guide for Developing Family-Friendly Policies, Procedures, and Culture (2021), further identified core requirements law enforcement agencies should consider when building family assistance programs. Understanding and valuing family dynamics through the lens of generational, parental

status, sexual orientation and gender identity, and religion and ethnicity demonstrate agency leaderships commitment to family-friend policies, culture, and commitment.

Chaplaincy programs are an incredible resource for any law enforcement agency. Chaplains participate in wide range of support services from spiritual and stress management, participate in officer involved shooting incidents and similar bereavement incidences, and provide community support on a range of police matters often deescalating tension and calming resolving potentially chaotic situations (Schweitzer-Dixon, 2021). These same researchers believe chaplains are ideally suited to counsel and coach law enforcement officers on moral injury, an emerging topic defined as, behaviors or activities that violate previously held moral beliefs and conflict with religious faith or spiritually held relationships.

The phenomena of moral injury are often discussed in the military settings; however, similarities between law enforcement work and military work are ever present as is the risk or moral injury to law enforcement personnel. Spiritual resiliency is often overlooked in traditional evidence-based interventions (EBI) designed to treat military veterans diagnosed with PTSD. A sixty-day residential program evaluation of 532 veterans was conducted to determine how one's spirituality, or lack thereof, factored into symptoms of PTSD. Constructive and maladaptive aspects of the veteran's spirituality were recorded upon intake in effort to predict PTSD symptom severity at discharge.

Studies reveled veterans who regularly engaged in spiritual practices and sought strength through the source of a higher being had low PTSD symptoms at discharge. Conversely, veterans who struggled spiritually (feelings of abandonment or punished by their higher being) were found to have worsening symptom severity at discharge. A separate study evaluated 385 veterans receiving EBI for PTSD at various VA facilities. The participants reported the act of killing or the

inability to prevent a death as contributing to their fractured spiritual and religious beliefs. This same group was identified as high mental health services consumers especially within the first year of experiencing the traumatic event. The authors also noted loss of spiritual and religious faith were common among veterans after experiencing trauma. The conclusion emphasized the importance of early spiritual intervention in veterans diagnosed with PTSD to address the loss of spiritual belief and to help make meaning of the trauma as it relates to the veteran's life (Starnino, et al. 2019).

Critical incident teams are crucial components of a law enforcement agency and vital to employee mental health and wellness. Often critical incident teams deploy to provide immediate support to violent, horrific, shockingly gruesome crime scenes involving children, motor vehicle accidents, and officer involved shootings. These emotional charge, dynamically evolving incidents are often volatile are require a multi-facet triage approach for all parties involved. Immediate psychological first aid is of paramount importance and often includes in-house police psychologist, chaplains, and community organizations as needed to provide basic needs to impacted citizens (Richins et al., 2020).

First line supervisors are ideally situated to promptly identify and provide initial intervention assistance for at-risk subordinates. Research indicates supervisor-subordinate relationships built upon a foundation of mutual trust and respect were associated with a significant increase in overall personal and professional engagement (Jin & McDonald, 2016). Institutional, supervisory, and peer trust are continuous themes throughout this research. Equally important are first line supervisors trained to identify officers silently suffering with symptoms of PTSD and provide compassionate support, absorbing the obligation of seeking help, and freeing the officer

of the potential psychological burden. Prevention is the key to preclude workplace infractions or other RSDB eliminating PTSD (Walker et al., 2001).

Community Based

Confidential psychological servicers are a prevalent theme throughout this research and continue to be of paramount importance and a significant determinate as to whether a law enforcement officer will seek mental health and wellness care. Primary Care Providers (PCP) are key to providing holistic services to law enforcement officers in rural communities. Challenges such as availability, affordability, accessibility, and acceptability remain prominent in small communities where the population is small, leading to a lack of confidence in confidentiality among the limited providers. According to a 2020 study by the National Survey on Drug Use and Health (NSDUH), 4.8% of adults, or 1.8 million residents in non-metropolitan areas reported thoughts of suicide during the calendar year. Although the frequency of mental illness is comparable between urban and rural residents, services typical lack in less populated areas, leaving mental health needs unmet (SAMHSA, 2022).

The Integrated Behavioral Health in Primary Care (IBHPC) model is a potential answer to challenges rural communities face by co-locating behavioral health services and primary care medicine in one facility. In 2021, a study of over 50% of the respondents in two separate IBHPC facilities indicated their mental health needs were mostly or completely met at their respective clinic. Furthermore, patients surveyed believed their behavioral health needs were met by their primary care provider when mental health clinicians were not immediately available (Dunn et al., 2021).

Peer support programs are critical in for law enforcement professionals, especially those officers seeking support outside of their department and profession. Spiritual First Aid (SFA) is a great example for officers seeking understanding when deeply held beliefs, morals, and values are repeatedly violated by witnessing violent acts day to day on the job. Belonging, Livelihood, Emotional, Safety, and Spiritual needs (BLESS) is a researched-based, proven spiritual peer-to-peer deliverable model designed for first responders. BLESS is a form of psychological and SFA officers can use privately amongst themselves (Green, 2021).

BLESS is one specific example of a peer support program; however, any type of social support providing a sense of belongingness has been shown to drastically reduce first responder occupational, situational, and personal stress. Kshtriya et al. (2020) revealed increased levels of occupational stress and poor social support revealed higher levels of major depressive disorder, general anxiety disorder, and PTSD. Whereas conversely, increased social support was associated with improved mental health and wellness. The results were consistent with previous studies underscoring the importance of peer-to-peer relationships and social support.

University medical wellness initiatives and non-profit organization programs are providing innovating services to law enforcement personnel across the country. As discussed throughout this research, law enforcement and military personnel share multiple similarities. Therefore, wellness studies with military personnel and promising results have significant implications for first responders as well. The University of Missouri launched an investigation in 2018 involving military veterans diagnosed with PTSD. The goal was to utilize therapeutic horseback riding (THR) as a means of physical exercise and mindfulness to decrease symptoms of PTSD.

A cohort of twenty-nine veterans diagnosed with PTSD or PTSD with a traumatic brain injury participated in THR once a week for six-week complementary to traditional evidence-based

practice (EBP). The study showed a 67% reduction in PTSD symptoms at three weeks and 87% reduction in symptoms at six weeks utilizing the PTSD Checklist-Military Version (PCL-M) assessment, a 20-item self-reporting survey that is used by clinicians to gauge PTSD symptoms (Johnson et al., 2018). This study illuminates a growing trend with universities and non-profit organizations nationwide, like Equine Connections in Maple Plain, Minnesota, which offers THR specifically for first responders to aid in mental health and wellbeing (Mitten, 2022).

In 2019, the First Responder Resiliency Extension for Community Outcomes (FRR-ECHO) program was created by University of New Mexico, in response to the COVID-19 pandemic to provide self-care and resilience education to first responders. Rural first responders routinely exposed to repeated trauma reported exceedingly high rates of stress placing them at a significant risk of developing PTSD and subsequently coping maladaptively with RSDB. Self-care strategies and psychoeducation including compassion fatigue, moral injury, burnout, psychological first aid, peer support programs, and critical incident debriefings comprise the core components of the program delivered remotely via the video telecommunication platform, Zoom. The results of the program revealed participants felt a significant reduction in isolation and highly supported by their community and medical professionals (Katzman et al., 2021).

Remote based telemedicine services are becoming highly popular and increasingly available in today's digitally connected society. According to Betz (2021), 28 telemedicine companies in the U.S. are providing confidential access to holistic healthcare services ranging from talk therapy, psychotherapy, psychiatric services, prescription medication shipped directly to the patient's home, and more. The convenience factor is highly attractive in that a patient can access services and speak with their provider via their smart phone, tablet device, or computer, all in a confidential setting. Remote mental health access, especially for rural areas of the U.S. where

services are minimal, is a viable option for law enforcement professionals seeking access to mental health services.

Conclusion

Limitations

Primary limitations of the research included data sources were primarily law enforcement personnel completing mailed-out surveys from various research organizations seeking data ranging from basic to technical. The surveys gauged whether the individual completing the survey fully understood what was being ask or the purpose of the investigation. Conversely, in a select minority of studies were data collected by trained clinicians competent on various psychological data sets and able to answer questions if necessary to obtain best possible data for the respective investigations. A secondary limitation included targeting of law enforcement agencies with resources budgeted for mental health and wellness programs, including those likely to continue services despite recent politically charged "defund the police" movement based on highly publicized and polarized law enforcement misconduct involving predominately minority populations. Lastly, research is limited regarding rural law enforcement agencies or first responders. Obtaining data on mental health and wellness, in-place holistic health programming for officers, and innovative solutions to address this seemingly underrepresented population was difficult to locate.

Future Research

Focused research on securing resources required to build accessible, sustainable, confidential, and robust mental health and wellness programs for law enforcement personnel must be a priority, especially for rural communities. A multi-disciplinary task force comprising key

stake holders should be considered in the early planning stages. Law enforcement buy-in, with confidential and autonomous input to the planning process is paramount. Concise policy language with a clear roadmap toward program implementation without organizational bureaucracies and political red-tape is key. The task force's primary goal should be to create a sustainable mental health and wellness program (accessibility and confidentiality) focused on reducing known occupational hazards such as death by suicide, PTSD, and maladaptive coping through RSDB.

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